

Part II: Permit Application

A. Corporate Structure

1. Type of Carriage

- ☐ Private
☐ For Hire
☐ Other _____

2. Type of Business

- ☐ Corporation
☐ Sole Proprietorship
☐ Partnership
☐ Joint Venture
☐ Other _____

3. Number of years that the applicant has transported:

- a. General Freight _____ years
b. Hazardous Materials _____ years

B. Permits Withdrawn, Denied, Suspended, or Revoked

Has the applicant had a hazardous materials transportation license, permit, or registration withdrawn, denied, suspended or revoked by any state, local, or federal agency in the last three years?

- ☐ Yes ☐ No

If yes, please indicate the action taken (e.g., suspension), the date of the action, the jurisdiction taking the action, and whether the registration, license, or permit was reinstated. THIS INFORMATION SHOULD BE PROVIDED AS ATTACHMENT II.B TO THIS APPLICATION.

C. USDOT Safety Rating

1. Please provide your most recent USDOT Safety Rating.

- ☐ Satisfactory ☐ Conditional
☐ Unsatisfactory ☐ Unrated

NOTE: The base state uses the USDOT Motor Carrier Profile to confirm this information and to review an applicant's out-of-service record. Before submitting an application, the Alliance recommends that an applicant obtain a copy of its profile and, if necessary, attach a listing of any discrepancies in the report to the application. See the instructions on USDOT safety rating (page I-7) for information on how to obtain a copy of your motor carrier profile.

D. History of Applicant's Major Violations Related to the Transportation of Hazardous Materials

1. Has the applicant been assessed or paid any fines and penalties relating to hazardous materials transportation over \$1,000 for any state or federal violations in the last three years.

☐ Yes ☐ No

If yes, provide the following information for each violation.

Date of assessment
Issuing agency
Type of violation
Type of hazardous material involved
Final agency assessment

LISTING AND EXPLANATION SHOULD BE IDENTIFIED AS ATTACHMENT II.D.1 TO THIS APPLICATION.

2. Has the applicant been fined or convicted in the last three years for transporting hazardous materials without a required hazardous materials transportation registration, permit, license, or similar type of credential?

☐ Yes ☐ No

If yes, please provide the following information for each fine or conviction.

Date of fine/conviction
Issuing agency
Type of violation
Type of hazardous material involved

LISTING AND EXPLANATION SHOULD BE IDENTIFIED AS ATTACHMENT II.D.2 TO THIS APPLICATION.

3. Has the applicant's parent company, any subsidiary, and/or any corporate officer or director of the parent or any subsidiary been convicted, assessed, paid or otherwise found culpable in legal proceedings related to hazardous materials transportation with penalties over \$1,000 in the last three years?

☐ Yes ☐ No

If yes, please provide:

Fines/penalties/judgements levied
Date of the action
Nature of the violation
Cause or reason for the action, and
Remedial action taken to mitigate the the situation, if any.

PROVIDE THE INFORMATION REQUESTED AS ATTACHMENT II.D.3. TO THIS APPLICATION.

E. Reportable Hazardous Materials Transportation Incidents

Within the last three years, has the applicant been involved in an incident, involving the transportation of hazardous materials that was required to be reported under 49 CFR 171.15(a)(1). The reporting guidelines cover incidents that involve, as a direct result of the hazardous material(s):

- a person is killed;
- a person receives injuries requiring his or her hospitalization;
- estimated carrier or other property damage exceeds \$50,000;
- an evacuation of the general public occurs lasting one or more hours;
- one or more major transportation arteries or facilities are closed or shut down for one hour or more; or
- the operational flight pattern or routine of an aircraft is altered.

☐ Yes ☐ No

For each incident, please provide the following information.

- Date
- Location
- Cause of the incident
- Details of the remediation process
- Agency that supervised the remediation

PROVIDE THE LISTING AND EXPLANATION OF EACH ACTION AS ATTACHMENT II.E TO THIS APPLICATION.

F. Terminals

List the number of and address of all applicable terminals owned or operated by the applicant.

For purposes of the Uniform Program, "terminal" is defined as:

A facility owned, leased or operated by the applicant where:

- (a) Applicant's motor vehicles used to transport hazardous materials are loaded, unloaded or dispatched incidental to transportation;
- (b) Applicant's motor vehicles used to transport hazardous materials are cleaned, maintained or inspected;
- (c) Applicant's motor vehicles used to transport hazardous materials are fueled or repowered;
- (d) Applicant stores hazardous materials incidental to transportation; or
- (e) Applicant maintains records related to the transport of hazardous materials including vehicle maintenance files and hours-of-service records.

PROVIDE THE LISTING AS ATTACHMENT II.F TO THIS APPLICATION.

INSTRUCTIONS: ALL OF THE FOLLOWING CERTIFICATIONS MUST BE INITIALED IN THE BOX TO THE LEFT OF THE CERTIFICATION.

Initials	G. Inspections
<div style="border: 1px solid black; width: 80px; height: 30px; margin: 10px auto;"></div>	"I certify that, to the best of my knowledge, all applicant owned and operated vehicles have received a periodic inspection within the past year under the requirements detailed in 49 CFR 396.17."

<i>Initials</i>	H. Financial Responsibility
<div></div>	1. "I certify that, to the best of my knowledge, the applicant has a properly executed Form MCS82 or MCS90, and has in effect and will maintain the minimum level of financial responsibility as required by 49 CFR 387 or required coverage for intrastate carriers, if applicable."
	2. This form is located at: <div></div> (COMPLETE STREET ADDRESS/CITY/STATE/ZIP CODE)
	3. For each policy please send a copy of the MCS-82 or 90, or provide the following information: Insurance/surety company: <div></div> Insurance/surety company phone number: <div></div> Policy number: <div></div> Amount of coverage: <div></div> Expiration date: <div></div> THIS INFORMATION MAY BE PROVIDED AS ATTACHMENT II.H.3 TO THIS APPLICATION.
<i>Initials</i>	I. Other Certifications
<div></div>	1. "I certify that, to the best of my knowledge, all of the applicant's drivers subject to 49 CFR 383 have a current commercial driver's license, including all applicable endorsements for hazardous materials and cargo tankers."
<div></div>	2. "I certify that, to the best of my knowledge, the applicant complies with all applicable USDOT bulk packaging requirements as required by 49 CFR 100-180, inclusive."
<div></div>	3. "I certify that, to the best of my knowledge, the applicant is in compliance with 29 CFR 1910.120(q) regulations pertaining to an emergency response plan."
<div></div>	4. "I certify that, to the best of my knowledge, the applicant is aware of, and will observe, all state designated routing requirements as required by 49 CFR 397 and will so instruct its drivers."
<div></div>	5. "I certify that, to the best of my knowledge, the applicant is in compliance with 29 CFR 1910.1200 and 49 CFR 172 Subpart H and 49 CFR 177.800 dealing with training requirements for hazardous materials employees."
<div></div>	6. "I certify that, to the best of my knowledge, the applicant retains its shipping papers, or an electronic image thereof, for a period of one year in conformance with 49 USC 5110(e)."
<div></div>	7. "I certify that, to the best of my knowledge, the applicant maintains all hours of service records as required under 49 CFR 395.8 and is in compliance with the hours of service regulations in 49 CFR 395."

Part III: Additional Information Required from Motor Carriers of Hazardous Waste

Introductory Note: Hazardous waste transporters may substitute information from documents filed for other purposes to meet the requirements of Part III. Specific page references that link the provided documents to the requested information must be provided.

A. Incorporation

If the applicant is incorporated, provide the date of incorporation: _____

Place of incorporation: _____

The applicant shall provide a table of organization showing the applicant's position in relationship to parent and subsidiary firms.

The applicant shall provide an organization chart for key management personnel.

B. Facilities Owned and Operated

List the name, business address, EPA or State ID Number (as applicable), and principal type of business of all North American facilities which currently are, or have in the last three years been, owned, operated or leased by the applicant, which during that time have been engaged in any of the activities described below. For each facility, also list all federal, state and local agencies which have regulated the facility's activities listed in 1-4 below, and list all permits, licenses and registrations applied for or held during that time by the applicant's firm for such activity. (Do not duplicate those listed in Part II, Section F.)

- RCRA or non-RCRA hazardous waste transportation, generation, treatment, storage, transfer, disposal, recycling or other handling. Note: "Non-RCRA hazardous waste" includes a number of materials regulated by certain, but not all, states as hazardous waste, such as waste asbestos, used oil and contaminated soil.
- Biohazardous (infectious or medical) waste transportation, treatment or disposal.
- Septic or industrial wastewater transportation, treatment or disposal.
- Solid waste transportation, disposal or other handling.

Provide information in a matrix format with the following headings as Attachment III.B to this application.

Facility Name
Address
EPA/State ID#
Principal Business
Regulatory Agency
Permits, Licenses, Registrations Held or Applied For

C. Identification of Key Management Personnel

For purposes of this disclosure statement, "key management personnel" means any individual having positions of discretionary responsibility, control or influence over the applicant's environmental, waste management, or transportation operations. Provide identifying information for such personnel as specified below as Attachment III.C to this application.

1. Basic Identifying Information. Provide the full name, date of birth, driver's license number and all aliases used for individuals who hold, or have held in the last three years, the following key management positions (as applicable) in the applicant's firm:
 - a. All individuals holding or controlling 10 percent or more of the equity (including stock) in, or debt liability of, the applicant either directly or through another individual, excluding commercial lending institutions.
 - b. All directors.
 - c. All corporate officers, including but not limited to the firm's president, vice-president, secretary and chief financial officer.
 - d. All managers of environmental regulatory compliance.
 - e. All first-line supervisors who manage a facility at which the applicant transports, transfers, or stores hazardous waste.
2. If the initial background investigation of any key management personnel raises questions as to the identity of the person(s) for which information is provided, the state may request fingerprint cards for the person(s) whose identity is in question.

D. Permits Held

List all state hazardous materials transportation registrations, permits, licenses or similar types of credentials held in the last three years. If necessary, provide additional sheets as Attachment III.D.

Jurisdiction	Current or Recent Permit or Registration Number	Years Held	Type of Material (HM, HW, RAM)

E. Related Business Concerns

Parent companies: List all persons which hold, or which have held in the last three years, either directly or through another person, 10 percent or more of the equity in, or debt liability of, the applicant's firm, excluding lending institutions. List all names and addresses used by such persons in the last three years as Attachment II.E of this application.

North American affiliates and subsidiaries: List all persons in which the applicant's firm, or any person listed in Part C, holds or has held in the last three years, 10 percent or more of the equity or debt liability. List all names and addresses used by such persons in the last three years.

Major contractors and persons involved in the brokering of hazardous waste: List all contractors and brokers that account for 10 percent or more the applicant company's contracted work in the last three years with the applicant has contract in any of the activities listed in Part B.

Leased vehicles: List all companies, not listed elsewhere, from which 25 percent or more of the applicant's vehicles are leased and used for the activities described in Part III, Section B.

Major clients: List all persons that accounted for 10 percent or more of the work performed by the applicant's firm in the last three calendar years.

F. Legal Proceedings

Attach a list and explanation of all legal proceedings, associated with the crimes identified below, against the applicant's business, and key management personnel, as defined in Part C, and against any North American parent, affiliate or subsidiary company of the applicant. For purposes of this Disclosure Statement, "legal proceedings" means any federal, state or local enforcement actions, whether administrative, civil or criminal, pending or adjudicated in the last three years, pertaining to violations of environmental, public health or transportation laws or regulations. Include the following crimes:

- | | |
|--|---|
| <input type="checkbox"/> Murder | <input type="checkbox"/> Assault constituting felony |
| <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Felony drug offenses |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Anti-trust violations |
| <input type="checkbox"/> Robbery | <input type="checkbox"/> Fraud in the offering, sale, or purchase of securities. |
| <input type="checkbox"/> Bribery | <input type="checkbox"/> Alteration of motor vehicle identification numbers. |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Unlawful possession or use of destructive devices or explosives. |
| <input type="checkbox"/> Criminal usury | <input type="checkbox"/> Any purposeful knowing, willful, or reckless violation of the criminal provisions of any federal or state environmental protection laws, rules, and regulations. |
| <input type="checkbox"/> Arson | |
| <input type="checkbox"/> Burglary | |
| <input type="checkbox"/> Theft and related crimes | |
| <input type="checkbox"/> Forgery and fraudulent practice | |
| <input type="checkbox"/> Racketeering | |
| <input type="checkbox"/> Perjury or false swearing | |

Include all permit or license denials, suspensions and revocations pertaining to environment and public health laws. Include all judgments, settlements, charges and convictions associated with such actions as Attachment III.F to this application. Failure to provide a complete accounting of all such actions may result in permit disapproval, suspension or revocations, and further enforcement actions.

G. Changes

The applicant shall report to the regulating agency in writing, within 90 days, any changes in majority ownership or convictions against the applicant or the applicant's key management personnel for any crime covered under Part III, Section F, Legal Proceedings.

Part IV: General Application Certifications

FOR ALL APPLICANTS:

I understand that any information contained in this application may be verified through either a desk audit or on-site audit.

I certify that, to the best of my knowledge and after due investigation, the information contained in this application is true, accurate, and complete.

FOR RENEWAL OF CURRENT PERMIT (if applicable):

I certify that there have been no changes in the applicant's operations that would require the applicant to obtain a higher level of credential under the Uniform Program. (Example: A motor carrier with a Part II Hazardous Materials permit begins transporting hazardous waste in a state that requires the Part III disclosure.)

Name (please type or print)

Title

Phone

Signature

Date

False statements may violate 18 U.S.C. 1001, may incur state penalties, and may invalidate the registration and permit form.

This page MUST be signed in INK and returned with the application.

Appendix A Participating Jurisdictions

STATE	ADMINISTERING AGENCY	UNIFORM PROGRAM LEVEL
Illinois	Illinois Environmental Protection Agency Division of Land Pollution Control 1021 North Grand Avenue East Springfield, IL 62702 Phone: 217/785-8604 FAX: 217/524-1991	Part II for Hazardous Waste <i>Make checks payable to:</i> <i>TREASURER, STATE OF ILLINOIS</i>
Michigan	Cashiering Michigan Department of Environmental Quality P.O. Box 30657 Lansing, MI 48909 Phone: 517/373-0263 FAX: 517/373-4797	Part II for Hazardous Waste <i>Make checks payable to:</i> <i>STATE OF MICHIGAN</i>
Minnesota	Minnesota Department of Transportation Administrative Truck Center 1110 Centre Point Curve Mendota Heights, MN 55118 Phone: 651/405-6060 FAX: 651/405-6100	Part II for Hazardous Materials Part III for Hazardous Waste <i>Make checks payable to:</i> <i>COMMISSIONER OF</i> <i>TRANSPORTATION</i>
Nevada	Nevada Highway Patrol HazMat Registration & Permit Section 555 Wright Way Carson City, NV 89711-0525 Phone: 775/684-4622 FAX: 775/684-4649	Part II for Hazardous Materials/ Waste Part III for Radioactive Waste <i>Make checks payable to:</i> <i>NEVADA HIGHWAY PATROL</i>
Ohio	Public Utilities Commission of Ohio Fiscal Division 180 East Broad Street Columbus, OH 43215-3793 Phone: 614/466-0351 FAX: 614/466-2753	Part II for Hazardous Materials Part III for Hazardous Waste <i>Make Checks Payable to:</i> <i>TREASURER, STATE OF OHIO</i>
West Virginia	Public Service Commission of West Virginia Motor Carrier Section 201 Brooks Street Post Office Box 812 Charleston, WV 25323 Phone: 304/340-0456 FAX: 304/340-0394	Part II for All Materials/Waste <i>Make checks payable to:</i> <i>PUBLIC SERVICE COMMISSION</i> <i>OF WEST VIRGINIA</i>

SCHEDULE A
GENERAL PROCESSING FEE WORKSHEET

1.	Check the applicant's Uniform Program base state.	
	<input type="checkbox"/> Illinois	\$250.00
	<input type="checkbox"/> Michigan	\$50.00
	<input type="checkbox"/> Minnesota	\$50.00
	<input type="checkbox"/> Nevada	\$125.00
	<input type="checkbox"/> Ohio	\$50.00
	<input type="checkbox"/> West Virginia	\$50.00
2.	Enter the corresponding General Processing Fee from Line 1.	

SCHEDULE B

REGISTRATION FEE WORKSHEET FOR ILLINOIS

Complete this schedule for Illinois only if you transport HAZARDOUS WASTE and you reported any mileage in Illinois on page A-2, question 12d of the application.

MULTIPLE FLEET CARRIERS: *If the applicant completed multiple copies of page A-2 of the application, then the applicant must complete a copy of the Illinois Schedule B for EACH fleet (page A-2) that contains Illinois mileage.*

For example, if the applicant operates three fleets, and only two contain Illinois mileage, then the applicant must complete two Illinois Schedule B's.

1.	Enter the two letter abbreviation for the participating state for which the applicant has reported mileage	IL
2.	If the applicant is reporting multiple fleets, enter the fleet designation.	
3.	Enter the annual average number of power units listed in Part I, Question 12a of the Uniform Program application (page A-2).	
4.	Enter the percentage of hazardous waste activity for this fleet from Part I, Question 12d of the Uniform Program application (page A-2)	
5.	Enter the IRP percentage for this state (and fleet, if applicable) from Part I, Question 12b of the Uniform Program application (page A-2).	
6.	Calculate the number of apportioned power units for this state (and fleet, if applicable) by multiplying Line 3 times Line 4 times Line 5 and rounding up to the next whole number (e.g., .239 = 1, 3.045 = 4). Enter here:	
7.	Per vehicle registration fee for HAZARDOUS WASTE transporters only.	\$20.00
8.	Registration Fee. Multiply line 6 times line 7. If reporting only ONE fleet, transfer this number to the corresponding line on the Summary Form. If reporting multiple fleets, transfer this number to the corresponding line on Schedule C.	\$

SCHEDULE B REGISTRATION FEE WORKSHEET FOR MICHIGAN

Compete this schedule for Michigan only if you transport **HAZARDOUS WASTE** and you reported any mileage in Michigan on page A-2, question 12d of the application.

MULTIPLE FLEET CARRIERS: If the applicant completed multiple copies of page A-2 of the application, then the applicant must complete a copy of the Michigan Schedule B for **EACH** fleet (page A-2) that contains Michigan mileage.

For example, if the applicant operates three fleets, and only two contain Michigan mileage, then the applicant must complete two Michigan Schedule B's.

1.	Enter the two letter abbreviation for the participating state for which the applicant has reported mileage	MI
2.	If the applicant is reporting multiple fleets, enter the fleet designation.	
3.	Enter the annual average number of power units listed in Part I, Question 12a of the Uniform Program application (page A-2).	
4.	Enter the percentage of hazardous waste activity for this fleet from Part I, Question 12d of the Uniform Program application (page A-2)	
5.	Enter the IRP percentage for this state (and fleet, if applicable) from Part I, Question 12b of the Uniform Program application (page A-2).	
6.	Calculate the number of apportioned power units for this state (and fleet, if applicable) by multiplying Line 3 times Line 4 times Line 5 and rounding up to the next whole number (e.g., .239 = 1, 3.045 = 4). Enter here:	
7.	Per vehicle registration fee for HAZARDOUS WASTE transporters only.	\$50.00
8.	Registration Fee. Multiply line 6 times line 7. If reporting only ONE fleet, transfer this number to the the corresponding line on the Summary Form. If reporting multiple fleets, transfer this number to the corresponding line on Schedule C.	\$

SCHEDULE B REGISTRATION FEE WORKSHEET FOR MINNESOTA

Complete this schedule for Minnesota if you reported any mileage in Minnesota on page A-2, question 12b of the application.

MULTIPLE FLEET CARRIERS: If the applicant completed multiple copies of page A-2 of the application, then the applicant must complete a copy of the Minnesota Schedule B for EACH fleet (page A-2) that contains Minnesota mileage.

For example, if the applicant operates three fleets, and only two contain Minnesota mileage, then the applicant must complete two Minnesota Schedule B's.

1.	Enter the two letter abbreviation for the participating state for which the applicant has reported mileage	MN
2.	If the applicant is reporting multiple fleets, enter the fleet designation.	
3.	Enter the annual average number of power units listed in Part I, Question 12a of the Uniform Program application (page A-2).	
4.	Enter the percentage of hazardous materials activity for this fleet from Part I, Question 12c of the Uniform Program application (page A-2)	
5.	Enter the IRP percentage for this state (and fleet, if applicable) from Part I, Question 12b of the Uniform Program application (page A-2).	
6.	Calculate the number of apportioned power units for this state (and fleet, if applicable) by multiplying Line 3 times Line 4 times Line 5 and rounding up to the next whole number (e.g., .239 = 1, 3.045 = 4). Enter here:	
7.	Minnesota per vehicle registration fee.	\$30.00
8.	Registration Fee. Multiply line 6 times line 7. If reporting only ONE fleet, transfer this number to the corresponding line on the Summary Form. If reporting multiple fleets, transfer this number to the corresponding line on Schedule C.	\$

SCHEDULE B

REGISTRATION FEE WORKSHEET FOR NEVADA

Complete this schedule for Nevada if you reported any mileage in Nevada on page A-2, question 12b of the application.

MULTIPLE FLEET CARRIERS: If the applicant completed multiple copies of page A-2 of the application, then the applicant must complete a copy of the Nevada Schedule B for EACH fleet (page A-2) that contains Nevada mileage.

For example, if the applicant operates three fleets, and only two contain Nevada mileage, then the applicant must complete two Nevada Schedule B's.

1.	Enter the two letter abbreviation for the participating state for which the applicant has reported mileage	NV
2.	If the applicant is reporting multiple fleets, enter the fleet designation.	
3.	Enter the annual average number of power units listed in Part I, Question 12a of the Uniform Program application (page A-2).	
4.	Enter the percentage of hazardous materials activity for this fleet from Part I, Question 12c of the Uniform Program application (page A-2)	
5.	Enter the IRP percentage for this state (and fleet, if applicable) from Part I, Question 12b of the Uniform Program application (page A-2).	
6.	Calculate the number of apportioned power units for this state (and fleet, if applicable) by multiplying Line 3 times Line 4 times Line 5 and rounding up to the next whole number (e.g., .239 = 1, 3.045 = 4). Enter here:	
7.	Nevada per vehicle registration fee.	\$125.00
8.	Registration Fee. Multiply line 6 times line 7. If reporting only ONE fleet, transfer this number to the corresponding line on the Summary Form. If reporting multiple fleets, transfer this number to the corresponding line on Schedule C.	\$

SCHEDULE B REGISTRATION FEE WORKSHEET FOR OHIO

Complete this schedule for Ohio if you reported any mileage in Ohio on page A-2, question 12b of the application.

MULTIPLE FLEET CARRIERS: If the applicant completed multiple copies of page A-2 of the application, then the applicant must complete a copy of the Ohio Schedule B for EACH fleet (page A-2) that contains Ohio mileage.

For example, if the applicant operates three fleets, and only two contain Ohio mileage, then the applicant must complete two Ohio Schedule B's.

1.	Enter the two letter abbreviation for the participating state for which the applicant has reported mileage	OH
2.	If the applicant is reporting multiple fleets, enter the fleet designation.	
3.	Enter the annual average number of power units listed in Part I, Question 12a of the Uniform Program application (page A-2).	
4.	Enter the percentage of hazardous materials activity for this fleet from Part I, Question 12c of the Uniform Program application (page A-2)	
5.	Enter the IRP percentage for this state (and fleet, if applicable) from Part I, Question 12b of the Uniform Program application (page A-2).	
6.	Calculate the number of apportioned power units for this state (and fleet, if applicable) by multiplying Line 3 times Line 4 times Line 5 and rounding up to the next whole number (e.g., .239 = 1, 3.045 = 4). Enter here:	
7.	Ohio per vehicle registration fee.	\$20.00
8.	Registration Fee. Multiply line 6 times line 7. If reporting only ONE fleet, transfer this number to the corresponding line on the Summary Form. If reporting multiple fleets, transfer this number to the corresponding line on Schedule C.	\$

SCHEDULE B

REGISTRATION FEE WORKSHEET FOR WEST VIRGINIA

Complete this schedule for West Virginia if you reported any mileage in West Virginia on page A-2, question 12b of the application.

MULTIPLE FLEET CARRIERS: *If the applicant completed multiple copies of page A-2 of the application, then the applicant must complete a copy of the West Virginia Schedule B for EACH fleet (page A-2) that contains West Virginia mileage.*

For example, if the applicant operates three fleets, and only two contain West Virginia mileage, then the applicant must complete two West Virginia Schedule B's.

1.	Enter the two letter abbreviation for the participating state for which the applicant has reported mileage	WV
2.	If the applicant is reporting multiple fleets, enter the fleet designation.	
3.	Enter the annual average number of power units listed in Part I, Question 12a of the Uniform Program application (page A-2).	
4.	Enter the percentage of hazardous materials activity for this fleet from Part I, Question 12c of the Uniform Program application (page A-2)	
5.	Enter the IRP percentage for this state (and fleet, if applicable) from Part I, Question 12b of the Uniform Program application (page A-2).	
6.	Calculate the number of apportioned power units for this state (and fleet, if applicable) by multiplying Line 3 times Line 4 times Line 5 and rounding up to the next whole number (e.g., .239 = 1, 3.045 = 4). Enter here:	
7.	West Virginia per vehicle registration fee.	\$50.00
8.	Registration Fee. Multiply line 6 times line 7. If reporting only ONE fleet, transfer this number to the corresponding line on the Summary Form. If reporting multiple fleets, transfer this number to the corresponding line on Schedule C.	\$

SCHEDULE C
SUMMARY OF REGISTRATION WORKSHEETS
FOR MULTIPLE FLEETS

Transfer the data from each copy of Schedule B to the corresponding line for the state and fleet.

	State	Fleet	Registration Fee	State Totals
1.	IL			
2.	IL			
3.	IL			
4.	IL			
5.	Total for Illinois. Add lines 1-4 and enter here.			
6.	MI			
7.	MI			
8.	MI			
9.	MI			
10.	Total for Michigan. Add lines 6-9 and enter here.			
11.	MN			
12.	MN			
13.	MN			
14.	MN			
15.	Total for Minnesota. Add lines 11-14 and enter here.			
16.	NV			
17.	NV			
18.	NV			
19.	NV			
20.	Total for Nevada. Add lines 16-19 and enter here.			
21.	OH			
22.	OH			
23.	OH			
24.	OH			
25.	Total for Ohio. Add lines 21-24 and enter here.			
26.	WV			
27.	WV			
28.	WV			
29.	WV			
30.	Total for West Virginia. Add lines 26-29 and enter here.			

SCHEDULE D
PART II PERMIT REVIEW FEE

1.	<p>Check the applicant's Uniform Program base state.</p> <table style="width: 100%;"><tr><td style="width: 80%;"><input type="checkbox"/> Illinois</td><td style="width: 20%; text-align: right;">N/A</td></tr><tr><td><input type="checkbox"/> Michigan</td><td style="text-align: right;">\$500.00</td></tr><tr><td><input type="checkbox"/> Minnesota</td><td style="text-align: right;">N/A</td></tr><tr><td><input type="checkbox"/> Nevada</td><td style="text-align: right;">\$500.00</td></tr><tr><td><input type="checkbox"/> Ohio</td><td style="text-align: right;">N/A</td></tr><tr><td><input type="checkbox"/> West Virginia</td><td style="text-align: right;">N/A</td></tr></table>	<input type="checkbox"/> Illinois	N/A	<input type="checkbox"/> Michigan	\$500.00	<input type="checkbox"/> Minnesota	N/A	<input type="checkbox"/> Nevada	\$500.00	<input type="checkbox"/> Ohio	N/A	<input type="checkbox"/> West Virginia	N/A
<input type="checkbox"/> Illinois	N/A												
<input type="checkbox"/> Michigan	\$500.00												
<input type="checkbox"/> Minnesota	N/A												
<input type="checkbox"/> Nevada	\$500.00												
<input type="checkbox"/> Ohio	N/A												
<input type="checkbox"/> West Virginia	N/A												
2.	<p>Enter the corresponding General Processing Fee from Line 1:</p>												
	\$												

UNIFORM PROGRAM FEE WORKSHEET SUMMARY FORM

1.	General Processing Fee (Schedule A): Enter the corresponding General Processing Fee from Schedule A, Line 2	\$																		
2.	Registration Fee. Transfer the registration fee for each participating state from Schedule B (for single fleet) or Schedule C (for multiple fleets).																			
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">2a.</td> <td style="width: 60%;">Illinois</td> <td style="width: 35%; text-align: center;">\$</td> </tr> <tr> <td>2b.</td> <td>Michigan</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>2c.</td> <td>Minnesota</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>2d.</td> <td>Nevada</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>2e.</td> <td>Ohio</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>2f.</td> <td>West Virginia</td> <td style="text-align: center;">\$</td> </tr> </table>	2a.	Illinois	\$	2b.	Michigan	\$	2c.	Minnesota	\$	2d.	Nevada	\$	2e.	Ohio	\$	2f.	West Virginia	\$	
2a.	Illinois	\$																		
2b.	Michigan	\$																		
2c.	Minnesota	\$																		
2d.	Nevada	\$																		
2e.	Ohio	\$																		
2f.	West Virginia	\$																		
3.	Total Registration Fee. Add lines 2a through 2f.	\$																		
4.	Part II Permit Review Fee (Schedule D): Enter the corresponding Part II Permit Fee from Schedule D, Line #2.	\$																		
5.	Part III Permit Review Fee Applicants that haul hazardous waste in Minnesota or Ohio or transport radioactive waste in Nevada, and therefore are required to complete Part III of the Uniform Program application, must pay the Part III Permit Review Fee. Applicants will receive an estimate of the processing costs from the reviewing agency, following an assessment of the review requirements.																			
6.	Total Fees. Add lines 1, 3, and 4.	\$																		